



# CITY OF LONG BEACH

DEPARTMENT OF THE CITY CLERK

333 W. Ocean Blvd., Long Beach, CA 90802

(562) 570-6101

FAX (562) 570-6789

Email: ElectInfo@longbeach.gov

## AUTHORIZATION TO RECEIVE CANDIDATE NOMINATION PACKET *(The Candidate Contact Form should accompany this form)*

I, \_\_\_\_\_ running for the  
(Print Name of Candidate)  
Office of City Council District 1, hereby designate \_\_\_\_\_ to  
(Name of Designee)  
receive the Candidate Handbook and Nomination Packet, on my behalf.

I am aware of the procedures for the circulation of the Nomination Paper. In addition, I understand that all documents that the City Clerk requires for candidacy, as well as all fees, are due by the close of nomination on August 9, 2019.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Candidate

### FOR OFFICIAL USE ONLY

Designee received the Nomination Packet on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Designee

\_\_\_\_\_  
Signature of City Clerk or Designee

\_\_\_\_\_  
Print Name of Designee

\_\_\_\_\_  
Date